Entered - 03/02/01 - sb CL01L0144 - DIANNE C. MITCHELL

CLAIM OF: JOHN H. STANFORD, JR.

541 Hollydale Court Atlanta, Georgia 30342

01- *L* -1377

For damages alleged to have been sustained as a result of a vehicular accident on February 5, 2001 at 130 Wieuca Road.

THIS ADVERSED REPORT IS APPROVED

BY: KOSALIND RUBENS NEWELL

DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. <u>01L0144</u> Date: <u>August 16, 2001</u>				
Claimant /Victim JOHN H. STANFORD, JR.				
RV: (Atty/Inc. Co.)				
BY: (Atty)(Ins. Co.) Address: 541 Hollydale Court, Atlanta, Georgia 30342 Subrogation: Claim for Property damage \$ 7,000.00 Bodily Injury \$ Date of Notice: 02/19/01 Method: Written, proper X Improper Conforms to Notice: O C G A \$36-33-5 X Ante Litem (6 Mo.) X				
Subrogation: Claim for Property damage © 7 000 00 Podily Injury ©				
Date of Notice: 02/19/01 Method: Written proper Y Improper				
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X				
Date of Occurrence 02/05/01 Place: 130 Wieuca Road				
Employee involved John Nash Disciplinary Action: Written Reprimand				
Employee involved Joint (vasi) Disciplinary Action. Written Reprinaria				
NATURE OF CLAIM: The driver of the City vehicle failed to secure the rear gate on the truck and as he was driving				
down Wieuca Road the gate swung open and struck the claimant's vehicle causing damages in the above amount				
An offer was made to the claimant to settle his claim for the maximum limit as set forth in City Code Section 2-4				
but the claimant has rejected that offer.				
INVESTIGATION:				
Statements: City employee Claimant Others Written Oral				
Pictures X Diagrams Reports: Police X Dept Report X Other				
Traffic citations issued: City Driver Claimant Driver				
Citation disposition: City Driver Claimant Driver				
BASIS OF RECOMMENDATION:				
Function: Governmental X Ministerial				
Function: Governmental X Ministerial Ministerial Damages reasonable				
City not involved Offer rejected X Compromise settlement				
Repair/replacement by Ins. Co. Repair/replacement by City Forces				
Repair/replacement by Ins. CoRepair/replacement by City ForcesClaimant Negligent City Negligent Claim Abandoned				
Respectfully submitted,				
$\left(\begin{array}{c} \lambda \\ \lambda \end{array}\right)$				
(Mayor In 4/1/2)				
The state of the s				
INVESTIGATOR - DIANNE C. MITCHELL				
RECOMMENDATION: /				
RECOMMENDATION.				
Pay \$AdverseAccount charged: 1A012J012H01				
Claims Manager: Concur/date 08-16-01				
Committee Action: Council Action				
Committee Trouble				
FORM 23-61				

JOHN H. STANFORD, JR.

541 Hollydale Court Atlanta, Georgia 30342 (404) 843-3742

February 15, 2001

MARRUE 03/01/01 Den

Council of the City of Atlanta Clerk of Council City Hall 55 Trinity Street, S.W. Atlanta, GA 30335

ENTERED - 3-2-01 - SB 01L0144 - DIANNE MITCHELL

Re: Claim for Damages

Dear Sir or Madam:

Enclosed is the Claim for Damages dated February 14, 2001, which I have completed and signed. This relates to a collision which occurred February 5, 2001, on West Wieuca Road, when my car was struck by a metal bar which was attached to the rear gate of a City of Atlanta Parks Department truck. The gate swung open as the truck rounded a curve on West Wieuca Road, causing extensive damage to my car. The police were called and completed an accident report. The case number is 010360587.

I submitted a claim to my insurance company, State Farm. They had an adjuster look at the car and make an estimate of the damage. They have declared my car a total loss, and I will be receiving a check from them in excess of \$7,000.00. They will provide you with an estimate of the damage. My claim was handled by Ms. Debbie Stephens. Her phone number is 770-879-2192. The claim number is 113594920.

I am enclosing several pictures, showing the damage to my car, the City Dump Truck and the metal bar which was torn from the truck when it struck my front windshield.

Please let me know if you need any other information to process this claim.

Very truly yours,

ohn H. Stanford, Jr.

JHS:slr

enclosures

cc: Ms. Debbie Stephens / Claim Number: 113594920

State Farm

2240 W. Park Place Boulevard Stone Mountain, GA 30087

	CIL OF THE CITY OF ATLAN COF COUNCIL		CLAIM FOR DAMAGES
55 TRII	NITY STREET, S.W. VTA, GEORGIA 30335	1	E: Feb. 14, 2001
Dear Cle	erk of Council:		FEB 1 9 2001
This is tand / or	o notify the City of Atlanta that I have suffered damages in the \$ bodily injury for which I contend the City	amount sum of \$ 7,000 is liable.	Property Case No 0/0360587
1.	Date of incident: (month / day / year)	2. Police called: VYES	NO
3.	Location of incident: West Wievca Road b		
4.	Name of your insurance company: State Far	Poli	cy No. P29 4453-BII-1
5.	State what and how incident occurred: I was travel	ing west on West h	lieuca Road, when
a f	Parks Department Truck, approaching fro	in the opposite dir	ection, rounded a
Cur	ve, causing its rear gate to fly op- ruck my windshield. The bar broke loose ALL ESTIMATES AND DAMAGES ARE SUBJECT TO	en. A steel bar a	Hacked to the gate
5tr 6.	WILL RESULT IN YOUR CLAIM BEING DENIED AND	MAY RESULT IN CRIMINA	L PROSECUTION!
7.	State Farm will provide you with a The registered owner must make the claim for vehicle damage		tach two (2) estimates 113394
	of repair and proof of ownership of your vehicle (copy of the		1 45 C 1 .
	Your Vehicle: JEEP 1994 (make) (year)	84KZ9 Jo	hnHStantord Ir
-	City Vehicle: (make) July (city driver's name	ich DPA	CA PARKS
	(make) dump (city driver's nam	ne)	(department/bureau)
8	Witness: None (address		(telephone number)
9.	The acknowledgment of this claim in no way waives the Gove State law, nor is it an admission of liability on behalf of the Ci	ernmental immunity of the City of	f Atlanta, as granted by
10.	This claim should be mailed immediately to the address sho	i 1	
	I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.	Dhn H. (CLA	Stanford Jr. LIMANT'S NAME)
	Attarforth.	Stl Hollydo Atlanta	(ADDRESS) GA 30342 YAND STATE)
		770-951-0696 (WORK NUMBE	404-843-3742 (IIOME NUMBER)
	v ·	(

01- R-1377

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